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MAR 10 2022

BY MAIL

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI

EASTERN DIVISION

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MAR 10 2022

U. S. DISTRICT COURT  
EASTERN DISTRICT OF MO  
ST. LOUIS

Scott Weyant,  
Plaintiff,

MAR 21 2022

BY MAIL

(Write the full name of the plaintiff in this action.)

Include prisoner registration number.)

v.

Missouri Department of Corrections,

CO II Hubbard,

CO II Cunningham,

Corizon Medical,

Defendants.

(Write the full name of each defendant. The caption  
must include the names of all of the parties.)

Fed. R. Civ. P. 10(a). Merely listing one party and  
writing "et al." is insufficient. Attach additional  
sheets if necessary.)

Case No: \_\_\_\_\_

(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury

☒

Yes

☐

No

Amended from Case Filing

NO: 4:21-cv-01092-SRC

**PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983**

**NOTICE:**

*Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.*

*Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.*

*In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed without prepayment of fees and costs.*

## I. The Parties to this Complaint

### A. The Plaintiff

Name: Scott Weyant

Other names you have used: not applicable

Prisoner Registration Number: 1210125

Current Institution:  
South Central Correction Center  
255 West Highway 32  
Licking, Missouri 65542

Indicate your prisoner status:

<input type="checkbox"/> Pretrial detainee	<input checked="" type="checkbox"/> Convicted and sentenced state prisoner
<input type="checkbox"/> Civilly committed detainee	<input type="checkbox"/> Convicted and sentenced federal prisoner
<input type="checkbox"/> Immigration detainee	<input type="checkbox"/> Other (explain): _____

### B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

#### Defendant 1

Name: Hubbard, (first name unknown)

Job or Title: Correction Officer II

Badge/Shield Number: unknown

Employer: Farmington Correction Center

Address: 1012 West Columbia, Farmington, Missouri 63640

X Individual Capacity X Official Capacity

## Defendant 2

Name: Cunningham, (First name unknown)

Job or Title: Correction Officer II

Badge/Shield Number: unknown

Employer: Farmington Correction Center

Address: 1012 West Columbia, Farmington, Missouri 63640

☒ Individual Capacity ☒ Official Capacity

\*\* SEE ATTACHED PAGE FOR Defendants 3 and 4.

## II. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

1,2,&3 On or about June 30, 2020, at approximately 10:08 p.m., two officers, namely COII Hubbard and COII Cunningham, were escorting me to #5 House. During this escorting, I was forced and required to walk barefoot over rocks unnecessarily. I was shackled by my feet, and handcuffed with my hands behind my back. The two officers had a firm grip on either side of my arms. This initial act of being forcibly walked barefoot over painful gravel was hateful, cruel and uncalled for. I was at this time exposed to unreasonable risk and harm. Upon reaching the crossover gates between the Education and Library Building, I stepped on sharp rocks. When I winced from the pain and tried to hobble over the rocks, The two officers falsley announced that I was being "non-compliant" and threw me to the ground, with both officers landing on top of me. This occurred even though I never resisted and followed their orders to walk barefooted over rocks, and informed them of the pain it was causing me. This action directly dislocated and broke my index finger on my left hand. It was immediately obvious that I was in need of medical attention.

This was a personal attack upon my body by these two officers.

All parties listed in my complaint acted recklessly in failing to provide medical care. I took advantage of all sick call procedures when available, even when they refused me help.

- 3 & 4. When I filed a grievance, things only got worse. Initially, not ONE staff member, whether it was an officer or medical, came to my aid. And I was forced to file a complaint in order to be seen for my injuries.

I ask the Court to subpoena my records from Farmington at this time to show the delay in treatment and how long I was kept in disciplinary segregation to prevent corrective action for my injuries. And will show the Retaliation I received leading to my transfer to another camp for the reason to additionally delay treatment needed to correct all of the inadequate treatment handled before.

4. In the system of medical treatment at MO DOC, a patient does not deal with just one nurse or doctor, but whoever is assigned at the time to a shift. Which can change over time based on schedules, turnover, and availability of outsourcing and other factors. For these reasons I cannot name all of the individuals that were indifferent to my injuries. However, there are multiple nurses, doctors and medical staff named in my complaints and letters that they responded with.

Lisa Ivy, MSN, RN, CCHP was the Health Services Administrator and I named nurse Herrington and Doctor Wuddell in my grievances, as well as a nurse Joyst. (spelling unknown)

- 3 & 4. The Missouri Department of Corrections and Corizon Medical failed to provide proper medical treatment resulting in permanent damage to my limb, which has never healed properly and continues to cause me pain and ability loss. This damage is detrimental to my future ability to acquire and maintain employment as an artist and mechanic, my trades, which both require the full use of my hands and fingers.

It is obvious by the letter in response to my complaint by Lisa Ivy that I was in need of hospitalization or critical medical care, but was merely told to "give it time to heal" even though nothing was being done to adequately alleviate my pain and discomfort.

- 1,2 3,4 The Officers and medical staff named failed to use reasonable care, have a duty to keep prisoners safe and protect them from unreasonable risk. This was breached on the outset by Officers Hubbard and Cunningham and the harm I suffered was directly caused by their actions, individually and as employees of the Department of Corrections.

- 3 & 4. To further exacerbate the situation, medical and correction staff delayed treatment causing further damage by infections and future needed surgeries.

I am suing for medical negligence because they messed up my treatment, whether the mistake is determined to have been reckless or not.

### III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I received a fracture and dislocation of my left index finger. Subsequent surgery failed to alleviate the damage or pain, and led to infection of the finger. Because my injuries were ignored by both staff and medical at the Farmington Correction Center, my first surgery did not occur for many months (approximately 4 to 6 months later) while I was forced to stay in the hole and ignored by officers and nurses continually during this time.

#### IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

I am requesting 1. Money damages, 2. an Injunction, and 3. a Declaratory Judgement.

Please SEE Attached page for details of Relief requested.

#### V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes ☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

Farmington Correction Center

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- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes ☐ No ☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes ☐ No ☒ Do not know



If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes ☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes ☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Farmington Correction Center \* See attached Documents of filings

2. What did you claim in your grievance? (*Attach a copy of your grievance, if available*)

Grievance is attached 6 pages

1. Cruel and unusual punishment
2. excessive force
3. deliberate indifference
4. requested corrective medical treatment among other complaints

3. What was the result, if any? (*Attach a copy of any written response to your grievance, if available*)

Attached with grievance documents

the medical staff and officers treated this injury and the resulting infections with indifference which has created a lifelong ongoing constant pain, and serious disability that significantly affects my daily activities.

I was continually targeted for future write-up and disciplinary action in order to delay treatment and prevent proper care, ultimately leading to a transfer to another camp in order to avoid dealing with my injury and the complaints thereof.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (*Describe all efforts to appeal to the highest level of the grievance process.*)

I exhausted all steps in the grievance process.

However, by doing so, I was targeted by staff, harassed and marked as a "troublemaker" because I continually complained about the pain and damage to my finger, and the subsequent infections that caused me pain and discomfort along with preventing me to perform daily tasks.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I was prevented to file my grievance on time by keeping me in the administrative discipline. Also, all requests I made for assistance were ignored until much time later. I then filed the grievances as soon as was feasible for me to do so.

No matter how often I complained I was detained from filing for months.

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

## VI. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this "three strikes rule"?

☐ Yes ☒ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court's order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes ☐ No \* This form was sent back to fill out a second time. but otherwise I have NOT filed another lawsuit.

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_



5. Approximate date of filing lawsuit \_\_\_\_\_
6. Is the case still pending?
- ☐ Yes
- ☐ No (If no, give the approximate date of disposition): \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?
- ☐ Yes ☐ No
- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1. Parties to the previous lawsuit
- Plaintiff \_\_\_\_\_
- Defendant(s) \_\_\_\_\_
2. Court (if federal court, name the district; if state court, name the state and county)
3. Docket or case number \_\_\_\_\_
4. Name of Judge assigned to your case \_\_\_\_\_
5. Approximate date of filing lawsuit \_\_\_\_\_

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

Scott Weyant, Plaintiff

Attached Page 1

I. The Parties to this Complaint Cont.

B. The Defendants

Defendant 3

Missouri Department of Corrections

In Its Official Capacity

Defendant 4

Corizon Medical

In Its Official Capacity

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 § 1983

Scott weyant, Plaintiff

Attached Page 2

IV. Relief

I am requesting the following relief:

1. Money Damages in the amount of \$200,000 in punitive damages after being transferred in retaliation for complaining about pain and suffering, filing a grievance, and being kept in the hole, all of which also caused me loss of some contact with family during this time. I request these damages be both jointly, and severally.
2. Money Damages in the amount of \$20,000 in compensatory against each defendant jointly, and severly. For personal involvement by officers, and their superiors that were involved to have staff target me and ultimately transfer me.
3. Injunction to stop the ongoing suffering by not providing a treatment that will end the pain and disability, or at least eliminate the pain and correct as much as possible the deformity of my bent finger.
4. Declaratory Judgement to require the MO DOC and medical facility and staff to be obligated to correct the maltreatment and to require them to act with no further retaliation.

Compensatory damages should reflect the value of the body part that cannot be replaced or restored, and for all of the pain and suffering.

Punitive damages are listed because the officers at the outset knew their actions were likely to hurt me. They had a duty to protect me from harm, and by their own actions and no one elses cause me this suffereing.

5. Any additional relief that the Court deems just, proper, and equitable.

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

## VII. Certification and Closing

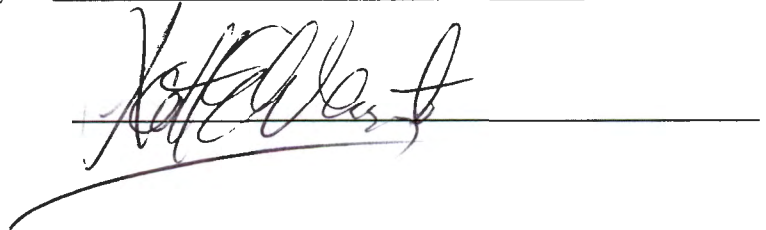
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 15 day of March, 2022.

Signature of Plaintiff

A handwritten signature in black ink, appearing to read 'K. A. [unclear]', is written over a horizontal line.

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION

SCOTT WEYANT,

Plaintiff(s),

v.

CO II HUBBARD, et al.,

Defendant(s).

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Case No. 4:21-cv-01092-SRC

**Order**

This matter is before the Court upon receipt of Weyant's amended complaint, which Weyant has failed to sign. Under Federal Rule of Civil Procedure 11, every written pleading or motion must be signed "by a party personally if the party is unrepresented" and the Court may strike an unsigned paper "unless the omission is promptly corrected after being called to the . . . party's attention." The local rules of this Court also require all parties—or the party's attorney—to sign all filings. E.D. Mo. L.R. 2.01(A)(1). Plaintiff failed to fully complete the "Certification and Closing" section of his amended complaint, which includes a signature line. As a result, the Court orders the Clerk to return the amended complaint to plaintiff, and orders Weyant to, no later than April 1, 2022, complete the "Certification and Closing" section of his amended complaint, sign it, and return it to the Court for filing. If Weyant fails to comply with this Order, the Court will dismiss his complaint.

So Ordered this 11th day of March 2022.

  
STEPHEN R. CLARK  
UNITED STATES DISTRICT JUDGE



## DIVISION OF ADULT INSTITUTIONS

RECEIVED

FARMINGTON CORRECTIONAL CENTER

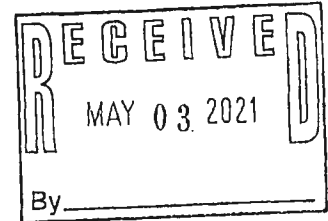
SEP 01 2021

BY MAIL INTER-OFFICE COMMUNICATION

**Date:** Thursday, April 29, 2021

**To:** Govero, Amy

**From:** Sheldon Hinkle CCMII



**Subject:** Attached you will find the original I.R.R. submitted by Offender Weyant, Scott #1210125

Please discuss the IRR with the offender in an effort to resolve the complaint, giving a summary of the discussion on the IRR form. Sign and date the discussion portion of the IRR form, and have the offender sign and date that portion. Indicate whether or not the complaint was Resolved by Discussion (RBD).

If RBD, return the original IRR back to me. If not RBD, please formulate a written response. The appropriate medical staff should sign and date the IRR form as Investigating Staff and Respondent. Forward the original IRR form, with the response, to Assistant Warden office for review within 20 days.

Thank you in advance for your time and attention in this matter.

Cc: file





STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE

GRIEVANCE NUMBER

FCC - 20-2077

IRR NUMBER

FCC 20.2077

RECEIVED

DATE FILED

JAN 27 2021

GRIEVANCE OFFICE

INSTITUTION

FCC

INSTITUTION USE ONLY

OFFENDER LAST NAME

FIRST

DOC NUMBER

HOUSING UNIT

UNIT

WEYANT, SCOTT

1210125

4

A

OFFENDER GRIEVANCE/REQUEST

I had to come up to medical repeatedly and to no avail did they help me, finally (a) nurse that shall not be named helped as much as anyone could and she stated "I'm unsure why they won't help you!!" On this specific day I self declared and went around Nurse Practitioner Herrington(?) and Joust looked at my extremely infected finger and prescribed antibiotics, left up to Herrington who knows what would of happened, now on the 19th I saw Joust again and she showed me my X-Ray and we spoke and she explaining my finger is still broken but in "perfect" alignment! I want my finger fixed --

OFFENDER SIGNATURE

Scott Weyant

DATE

01-22-21

SUPERINTENDENT RESPONSE

SEE ATTACHED

SUPERINTENDENT/SECTION HEAD

Tim Curry, SDC

Wanda R. HSTA

DATE

3-9-21

You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

☐ I ACCEPT THIS DECISION

☐ I APPEAL THIS DECISION

OFFENDER SIGNATURE

DATE



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
INFORMAL RESOLUTION REQUEST

S. Hinkle  
medical

INSTITUTION USE ONLY ☐ EMERGENCY COMPLAINT

OFFENDER NAME <u>Scott Weyant</u>		DOC NUMBER <u>1210125</u>	
DATE STAFF MEMBER RECEIVED IRR <u>04-28-2021</u>	COMPLAINT NUMBER <u>ELC 21 538</u>	CATEGORY <u>Medical</u>	HOUSING UNIT <u>5</u>

STATE YOUR COMPLAINT/PROBLEM BRIEFLY - ONE ISSUE - BE SPECIFIC

ON June 30/20 my finger was dislocate(broken) by staff during a "USE OF FORCE" cdv. I had surgery on this finger and it is still broken and deformed. The reason is because of "deliberate indifference", they continuously put my surgery off and the surgeon explained to me alot of the bone disappeared, that is why its still hurting me and the knuckles deformed looking

ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

all cdv's dismissed & expunged and I want to be financially compensated

OFFENDER SIGNATURE <u>Scott Weyant</u>	DATE <u>4-27-21</u>
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STAFF USE ONLY

DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

Your on going pain is being managed with Tramadol as well as your new script (pyridoxine) which was prescribed the day you submitted this IRR.

☐ IRR RESOLVED BY DISCUSSION/WITHDRAWN

☒ IRR NOT RESOLVED BY DISCUSSION

OFFENDER SIGNATURE <u>Scott Weyant</u>	DATE <u>5-10-21</u>	STAFF SIGNATURE <u>Gouen</u>	DATE <u>5-10-21</u>
---	------------------------	---------------------------------	------------------------

STATE FINDINGS/RESPONSE

medical concerns are being addressed  
cdv's must be addressed via custody staff

INVESTIGATING STAFF SIGNATURE <u>Gouen</u>	DATE <u>5/10/21</u>	RESPONDENT SIGNATURE <u>Gouen</u>	DATE <u>5/10/21</u>
REVIEWER SIGNATURE <u>W. B. [unclear]</u>	DATE <u>5-12-21</u>	RESULTS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	

YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE	DATE
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## INFORMAL RESOLUTION REQUEST RESPONSE

**OFFENDER NAME:** Weyant, Scott #1210125

**HOUSING UNIT:** 5C-20B

**IRR LOG NUMBER:** FCC21-537

### NATURE OF COMPLAINT:

I am in receipt of your IRR and have reviewed your complaint. As I understand it, on 6/30/20 while being escorted to HU #5 barefooted, you stepped on some rocks. The officers claimed you were being non-compliant and that they had to use force to gain compliance. During the use of force, you state the officers broke a finger on your left hand and you had to have surgery. You report this finger is still broken and hurting. You are requesting all violations be dismissed and expunged and that you be compensated financially.

### FINDINGS:

I've reviewed your IRR and understand your complaint. However, per DS-3.2, any offender who wishes to file an informal resolution request, on a grievable issue, must do so within 15 calendar days from the date of the alleged incident. The functional unit manager may waive this time period in extenuating circumstances when an offender is unable to file the request within the specified time frame, because he is out to court, in hospital, etc. Considering this event took place 10 months ago and you have been at FCC the entire time, these circumstances do not exist. I find that you have failed to file your grievance within the time allotted.

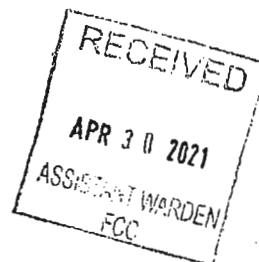
### RECOMMENDATION:

None, IRR is denied.

**OFFENDER  
COPY**

*Nicki Penny FUM #127471*  
INVESTIGATING/RESPONDING STAFF

*W. B. [Signature]*  
REVIEWER'S SIGNATURE



## Grievance Response

**To:** Weyant, Scott #1210125  
**Institution:** Farmington Correctional Center  
**Grievance Number:** FCC-20-2077  
**Date of Grievance:** 01.27.2021

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. (This assessment of your medical needs may differ from your personal desires.)

Your concern is understood to be that your finger is broken and you want it fixed before it is necessary to amputate.

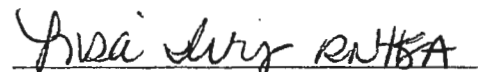
Subsequent to review and investigation, the results are as follows: you were seen by the specialist for a follow up after repair of a fracture of your left index finger distal phalanx. The specialist provider offered an option of surgical fusion; however, you chose not to do that due to not wanting another painful surgery. It appears that having another surgery is the offered way of repair. The provider also told you that it would be a process to heal and your surgery was just performed in November. The allotted healing time following an orthopedic surgery is 4-6 months and maybe longer depending on numerous factors with one being which joint was repaired.

In conclusion, please continue to be an active participant in your healthcare. Allow your body time to heal and if your finger continues to be an issue following the healing time, please submit an HSR in order to be seen by a provider for further evaluation.

If your medical condition changes please address any concerns through the sick call process at your facility.

01.28.21  
Date Received

03.03.21  
Date of Response

  
Lisa Ivy MSN, RN, CCHP  
Health Services Administrator

OFFENDER COPY





STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
INFORMAL RESOLUTION REQUEST

INSTITUTION USE ONLY ☐ EMERGENCY COMPLAINT

J. number  
4-19-21  
H.U. 5

OFFENDER NAME <u>Scott Weyant</u>		DOC NUMBER <u>1210125</u>	
DATE STAFF MEMBER RECEIVED IRR <u>4-26-21</u>	COMPLAINT NUMBER <u>FCC 21 537</u>	CATEGORY <u>7</u>	HOUSING UNIT <u>5</u>

STATE YOUR COMPLAINT/PROBLEM BRIEFLY- ONE ISSUE - BE SPECIFIC

On 6/30/20 @ 10:08pm COTI Hubbard and COTI Cunningham were escorting (me) Weyant to house and upon reaching the cross over gates between Ed. & Library (me) Weyant stepped on some rocks bare footed as I had no shoes and they claim I was being non-compliant and they had to use force. They dislocated (broke) my finger on my (L) hand, I had to have surgery, its still broke and still hurting "cruel & unusual punishment"

ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

All CDVs dismissed & expunged, and I want to be compensated financially

OFFENDER SIGNATURE <u>Scott Weyant</u>	DATE <u>4/19/21</u>
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STAFF USE ONLY

DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

offender states they escorted him with no shoes on and had a use of force on him. wants CDV dismissed and expunged.

<input type="checkbox"/> IRR RESOLVED BY DISCUSSION/WITHDRAWN		<input checked="" type="checkbox"/> IRR NOT RESOLVED BY DISCUSSION	
OFFENDER SIGNATURE <u>Scott Weyant</u>	DATE <u>4-26-21</u>	STAFF SIGNATURE <u>Shirley Phillips</u> 118532	DATE <u>4-29-21</u>

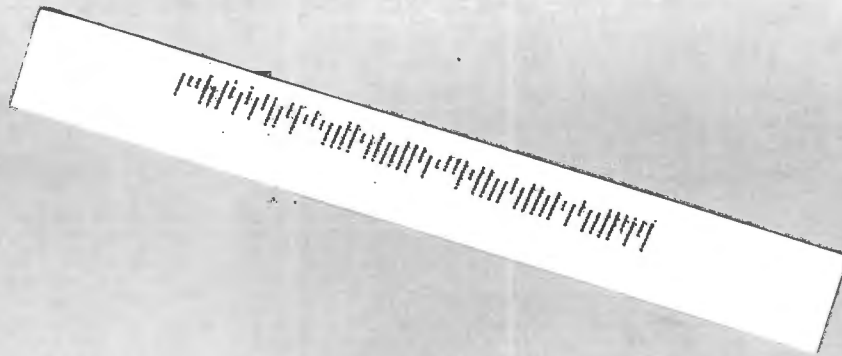
STAFF FINDINGS/RESPONSE

INVESTIGATING STAFF SIGNATURE <u>Nicki Penny Fum</u> #127471	DATE <u>4/29/21</u>	RESPONDENT SIGNATURE <u>Nicki Penny Fum</u>	DATE <u>4/29/21</u>
REVIEWER SIGNATURE <u>W. Berry</u>	DATE <u>4-30-21</u>	RESULTS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	

YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE	DATE
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Scott Weyant #1210125  
SCLC  
255 W. Hwy 38  
Licking Mo. 65542



Springfield PADC MO 65801  
WED 16 MAR 2022 PM

Office of the Clerk  
United States District Court  
Eastern district of Missouri  
111 S. Tenth St  
St. Louis, Missouri 63102

RECEIVED